



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Hazardous Waste Recycling Annual Report

20

Reporting Year

MassDEP Facility ID#

EPA Hazardous Waste ID#

A. Facility Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name

Street Address

City/Town

State

Zip Code

Contact Person

Contact Telephone

Contact Email Address

Mailing Address (if different)

Street Address/P.O. Box

City/Town

State

Zip Code

B. Hazardous Waste Recycling Information

1. Permit Transmittal #

2. Expiration Date (Five Years After Permit Issued)

3. Regulated Recyclable Material (RRM) #1:

a. RRM Name

b. Waste Code

c. Recycling Code

4. Is the RRM Recycled On-Site?

☐ Yes

☐ No – Skip to 6

5. RRM Recycled On-Site:

a. Amount Recycled (Number)

b. Units (Gal., Lb., Kg., etc.)

c. Recycling Equip. Make & Model

6. RRM Shipped to Receiving Facility #1:

a. Amount (Number)

b. Units (Gal., Lb., Kg., etc.)

7. Receiving Facility #1:

a. Facility Name

b. City/Town

c. State/Province

d. EPA HW ID#

8. Transporter Used:

a. Facility Name

b. City/Town

c. State/Province

d. EPA HW ID#

For Waste Code(s), see your permit and/or the instructions.

For Recycling Code, see the instructions.



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B. Hazardous Waste Recycling Information (continued)

9. RRM Shipped to Receiving Facility #2:

a. Amount (Number)

b. Units (Gal., Lb., Kg., etc.)

10. Receiving Facility #2:

a. Facility Name

b. City/Town

c. State/Province

d. EPA HW ID#

11. Transporter Used:

a. Facility Name

b. City/Town

c. State/Province

d. EPA HW ID#

12. Regulated Recyclable Material (RRM) #2:

a. RRM Name

b. Waste Code

c. Recycling Code

13. Is the RRM Recycled On-Site?

☐ Yes

☐ No – Skip to 15

14. RRM Recycled On-Site:

a. Amount Recycled (Number)

b. Units (Gal., Lb., Kg., etc.)

c. Recycling Equip. Make & Model

15. RRM Shipped to Receiving Facility #1:

a. Amount (Number)

b. Units (Gal., Lb., Kg., etc.)

16. Receiving Facility #1:

a. Facility Name

b. City/Town

c. State/Province

d. EPA HW ID#

17. Transporter Used:

a. Facility Name

b. City/Town

c. State/Province

d. EPA HW ID#

18. RRM Shipped to Receiving Facility #2:

a. Amount (Number)

b. Units (Gal., Lb., Kg., etc.)

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B. Hazardous Waste Recycling Information (continued)

19. Receiving Facility #2:

a. Facility Name

b. City/Town c. State/Province d. EPA HW ID#

20. Transporter Used:

a. Facility Name

b. City/Town c. State/Province d. EPA HW ID#

NOTE:

If you have additional permits, waste streams or receiving facilities to report, attach a Part B Continuation Sheet.

C. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Authorized Signature of Owner/Operator

Print Name of Owner/Operator

Title

Date (MM/DD/YYYY)